

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

RE: Self Employment

Please provide a Cost of Living amount for the past 3 months: Explain what process you use to draw down funds and provide a summary of Drawn for the last 3 months; please provide as much detail as possible in order for me to determine your eligibility.

	Enter month	Enter month	Enter Month
<b>EXPENSES:</b>			
<b>HOME:</b>			
Mortgage or Rent			
Homeowners/Renters Insurance			
Property Taxes			
Home Repairs/Maintenance/HOA Dues			
Home Improvements			
<b>UTILITIES:</b>			
Electricity			
Water and Sewer			
Natural Gas or Oil			
Telephone (Land Line, Cell)			
<b>FOOD:</b>			
Groceries			
Eating Out, Lunches, Snacks			
<b>FAMILY OBLIGATIONS:</b>			
Child Support			
Alimony			
Day Care, Babysitting			
<b>HEALTH AND MEDICAL:</b>			
Insurance (medical,dental,vision)			
Unreimbursed Medical Expenses, Copays			
Fitness (Yoga,Massage,Gym)			
<b>TRANSPORTATION:</b>			
Car Payments			
Gasoline/Oil			
Auto Repairs/Maintenance/Fees			

Auto Insurance			
Other Transportation (tolls, bus, subway, taxis)			
<b>DEBT PAYMENTS:</b>			
Credit Cards			
Student Loans			
Other Loans			
<b>ENTERTAINMENT/RECREATION:</b>			
Cable TV/Videos/Movies			
Computer Expense			
Hobbies			
Subscriptions and Dues			
Vacations			
<b>PETS:</b>			
Food			
Grooming, Boarding, Vet			
<b>CLOTHING:</b>			
<b>INVESTMENTS AND SAVINGS:</b>			
401(K)or IRA			
Stocks/Bonds/Mutual Funds			
College Fund			
Savings			
Emergency Fund			
<b>MISCELLANEOUS:</b>			
Toiletries, Household Products			
Gifts/Donations			
Grooming (Hair, Make-up, Other)			
Miscellaneous Expense			

Comments:

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Signature

Date